

**State of Nevada
Board of Cosmetology**

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**State of Nevada
Board of Cosmetology**
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APPLICATION REQUEST FORM

☐ Nevada Apprenticeship

TO RECEIVE AN APPLICATION PACKET with all necessary forms required, complete the attached form below and return it to the address listed above with a **MONEY ORDER OR CASHIER'S CHECK ONLY** in the amount of \$15.00. **PLEASE DO NOT SEND CASH OR PERSONAL CHECKS.**

DO NOT SEND ANY DOCUMENTS AT THIS TIME.

Legal Name:

(First) (MI) (Last)

Current Address:

Day Phone #: _____

Social Security #: _____

Apprentice hours
Completed: _____

Cert. of Registration #: _____

Place of Birth: _____

Birth Date: _____

Type of license: (Please check one only)
Cosmetologist ☐
Electrologist ☐

FOR OFFICE USE ONLY BELOW THIS LINE

Paid \$ _____ How: _____ File #: _____ Entity #: _____ Date Received: _____
Receipt #: _____